

U.S. DISTRICT COURT FOR THE NORTHERN DISTRICT OF ILLINOIS
ATTORNEY APPEARANCE FORM

NOTE: In order to appear before this Court an attorney must either be a member in good standing of this Court's general bar or be granted leave to appear *pro hac vice* as provided for by Local Rules 83.12 through 83.14.

In the Matter of

Case Number:

ALEXIAN BROTHERS HOSPITAL NETWORK, et al.,
 Plaintiffs,

v.

NATIONAL IMAGING ASSOCIATES, INC.
 Defendant.

AN APPEARANCE IS HEREBY FILED BY THE UNDERSIGNED AS ATTORNEY FOR:
 ALEXIAN BROTHERS HOSPITAL NETWORK, ALEXIAN BROTHERS MEDICAL
 CENTER and ST. ALEXIUS MEDICAL CENTER

FILED: JULY 28, 2008

08CV4268

JUDGE ST. EVE

MAGISTRATE JUDGE COLE

NAME (Type or print)	
Daniel J. Lawler TC	
SIGNATURE (Use electronic signature if the appearance form is filed electronically)	
s/ Daniel J. Lawler	
FIRM	
Bell, Boyd & Lloyd LLP	
STREET ADDRESS	
70 West Madison Street, Suite 3100	
CITY/STATE/ZIP	
Chicago, IL 60602	
ID NUMBER (SEE ITEM 3 IN INSTRUCTIONS)	TELEPHONE NUMBER
6180981	312-807-4289
ARE YOU ACTING AS LEAD COUNSEL IN THIS CASE? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
ARE YOU ACTING AS LOCAL COUNSEL IN THIS CASE? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
ARE YOU A MEMBER OF THIS COURT'S TRIAL BAR? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
IF THIS CASE REACHES TRIAL, WILL YOU ACT AS THE TRIAL ATTORNEY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
IF THIS IS A CRIMINAL CASE, CHECK THE BOX BELOW THAT DESCRIBES YOUR STATUS.	
RETAINED COUNSEL <input type="checkbox"/>	APPOINTED COUNSEL <input type="checkbox"/>